

# OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
N/A

2 Total pages filed:  
1

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  FIRST MI  
NICKNAME LAST SUFFIX  
MONNIE  
GILLIAM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1100 VICKI LANE  
FT. WORTH, TEXAS 76104

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 926-2225

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  FIRST MI  
NICKNAME LAST SUFFIX  
MONNIE  
GILLIAM

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1100 VICKI LANE, FT. WORTH TEXAS 76104

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 926-2225

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
3 / 7 / 2005 THROUGH 4 / 7 / 2005

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 7 / 2005  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT 8

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name  
N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2



Receipt # Amount  
Date Processed  
Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

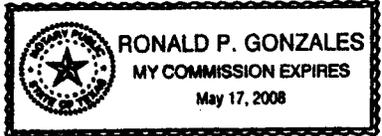
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>MONNIE Q GILLIAM</u>	16 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>250.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>48.33</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>390.35</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>118.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Monnie Q Gilliam  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Monnie Gilliam, this the 7th day of April, 2005, to certify which, witness my hand and seal of office.

Ronald P. Gonzales  
Signature of officer administering oath

Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <i>i</i>
2 FILER NAME <i>MONNIE Q. GILLIAM</i>		3 ACCOUNT # (Ethics Commission filers) <i>N/A</i>
4 Date <i>3/2/05</i>	5 Payee name <i>CITY OF FT. WORTH</i>	8 Amount (\$) <i>100.00</i>
	6 Payee address; City; State; Zip Code <i>1000 THROCKMORTON ST. FT. WORTH TX 76102</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>FILEING FEE</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>3/16/05</i>	Payee name <i>J.P.S. PRINTING INC</i>	Amount (\$) <i>48.37</i>
	Payee address; City; State; Zip Code <i>3825 ASHFORD AVE FT. WORTH TEX. 76133</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>CAMPAIGN FLYERS</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>4/6/05</i>	Payee name <i>FED EX KINKO'S</i>	Amount (\$) <i>109.88</i>
	Payee address; City; State; Zip Code <i>901 HOUSTON ST FT. WORTH TEX 76102</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>CAMPAIGN FLYERS</i>	<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>4/10/05</i>	Payee name <i>CREATIVE GRAPHICS 817-467-3516</i>	Amount (\$) <i>100.00</i>
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <i>CAMPAIGN CAPS AND T-SHIRTS</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: <p style="text-align: center;">1</p>
2 FILER NAME <p style="text-align: center;">MONNIE Q. GILLIAM</p>		3 ACCOUNT # (Ethics Commission filers) <p style="text-align: center;">N/A</p>
4 Date <p style="text-align: center;">4/6/05</p>	5 Business name <p style="text-align: center;">CREATIVE GRAFF</p>	7 Amount (\$) <p style="text-align: center;">132.00</p>
6 Business address; City; State; Zip Code <p style="text-align: center;">817-467-3516</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">CAMPAIGN CAPS AND T-SHIRTS</p>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name ..... Business address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name ..... Business address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name ..... Business address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:  1	
2 FILER NAME  MONNIE Q. GILLIAM		3 ACCOUNT # (Ethics Commission filers)  N/A	
4 Date  3/10/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  EUNICE GIVENS	7 Amount of contribution (\$)  100 <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  3/12/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  GWENDOLYN NEAL	Amount of contribution (\$)  25 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  3/12/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  JOE EPPS	Amount of contribution (\$)  25 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  4/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  BOB BONILLA	Amount of contribution (\$)  100 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code  7801 GRASSLAND DR. FT WORTH, TX 76113			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;           City;   State;   Zip Code			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;           City;   State;   Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;           City;   State;   Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;           City;   State;   Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;           City;   State;   Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <p style="text-align: center;">1</p>
2 FILER NAME <p style="font-size: 1.2em; margin-left: 20px;">MONNIE Q. GILLIAM</p>		3 ACCOUNT # (Ethics Commission filers) <p style="text-align: center; font-size: 1.2em;">N/A</p>
4 Date	5 Payee name  ..... 6 Payee address;            City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name            Office sought            Office held
Date	Payee name  ..... Payee address;            City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name            Office sought            Office held
Date	Payee name  ..... Payee address;            City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name            Office sought            Office held
Date	Payee name  ..... Payee address;            City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name            Office sought            Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

*N/A*

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I:
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2 FILER NAME <i>MONNIE Q. GILLIAM</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name	8 Amount (\$)
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		

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# CREDITS (optional)

# SCHEDULE K

14/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <i>MONNIE Q. GILLIAM</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name ..... 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code Reason for credit	Amount (\$)

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